

Queensland Health non-admitted patient data collection

Data set specification guide

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Non-admitted patient data collection data set specification guide

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Document Details

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1. About the non-admitted patient data set specification guide

1.1 Introduction

This guide provides a detailed explanation on submissions for the Queensland Health Non-Admitted Patient Data Collection (QHNAPDC). This reference document will guide Hospital and Health Services (HHS) staff in participation or completion of patient level non-admitted patient (NAP) activity reporting.

This guide must be used in conjunction with the:

- QHNAPDC DSS 2015-16
- QHNAPDC DSS Manual 2015-16

Further information on the QHNAPDC including the documents listed above can be found on the [Health Statistics Unit website](#).

1.2 Purpose

The purpose of this document is to detail the method for submitting monthly to the QHNAPDC. This document outlines the submission processes, frequency, file format, upload mechanisms and validation performed on the patient-level non-admitted patient activity data.

1.3 Terminology

To ensure consistency when developing and reading this guide, the definition of terminologies used within this document are listed below:

Table 1 Terminologies

Terminology	Definition
Central Repository	A repository within HIU to collect all NAP data submitted.
Coordinator	Personnel in a HHS who are authorised to perform the data submission, or an agreed process with an Enterprise System to perform the data submission manually or automatically.
Data file	A file which contains the NAP data and is submitted by the Coordinator according to the submission process.
Data submission	The act of submitting NAP data to the Central Repository.

HSU NAPDC Repository	Health Statistics Unit take data from the Central Repository and apply a range of validations and business rules to enable quality reporting of the NAP data.
NAP data	Patient-level non-admitted patient (NAP) data.
NAP website	A website where Coordinators can find more related documentation on the NAP Data Collection including information as to the submission status of NAP-DSS file/s submitted to the Central Repository.
Submission status web page	A web page where Coordinators can find information on the status of data files submitted for each reporting month. A link available on the NAP website can direct you to the submission status web page.

1.4 Target audience

This guide provides detailed information for Coordinators (and delegates) who collect and submit NAP data. As defined in section 1.3 and 1.6, there are two types of Coordinators:

- HHS Coordinators
- Enterprise System Coordinators

Common processes will apply to both types of Coordinators. This guide will detail the variation(s) if a process is different for each Coordinator type.

1.5 Data collection overview

For the 2015-16 QHNAPDC, HHSs are required to submit NAP data for all declared public hospitals. The data to be submitted is detailed in the QHNAPDC Data Set Specification (DSS) 2015-16 and QHNAPDC DSS 2015-16 Manual.

The NAP data is to be submitted monthly. Each monthly data submission includes records from the beginning of the financial year to the end of the reporting month. This allows for information from previous months in a financial year to be updated by HHSs if required. The full data submission schedule is detailed in section 1.7.

When a HHS or Enterprise system submits NAP data, a range of basic checks will be automatically performed on the submitted data, and if successful, the data will be uploaded and stored in the Central Repository by HIU for further processing and validation by HSU in the HSU NAPDC repository.

The results of the submissions and the nature of the submission errors, if any, will be reported automatically on the submission status web page. Coordinators can visit the web page to check that the data submission has been received and is error free.

HSU will report any errors associated with the data validity online via the Electronic Validation Application (EVAPlus). In addition to undertaking detailed validation and linkage with data from other data sources for the purposes of applying the IHPA

Business Rules, HSU will also be undertaking a range of quality assurance exercises to identify any quality concerns with the data supplied.

1.6 Sources of NAP data

NAP data can originate from three sources:

1. Enterprise systems currently interfaced with SATR:

These systems have an established mechanism to submit NAP data, e.g. HBCIS, ASIM. **They are outside the scope of this guide.**

In this document, this is referred to as Source #1.

2. Other Enterprise systems:

These systems are used at a number of HHSs, and have a centralised reporting function so are able to submit NAP data either manually or automatically.

Enterprise System Coordinators will prepare and submit this type of data. There will be one (1) data file submitted for one enterprise system.

In this document, this is referred to as Source #2.

3. All other systems used to record non-admitted patient activity:

These are the systems, other than Source #1 and Source #2, that are used by HHSs to collect data for NAP activity. They are mainly local systems that are not used across HHSs.

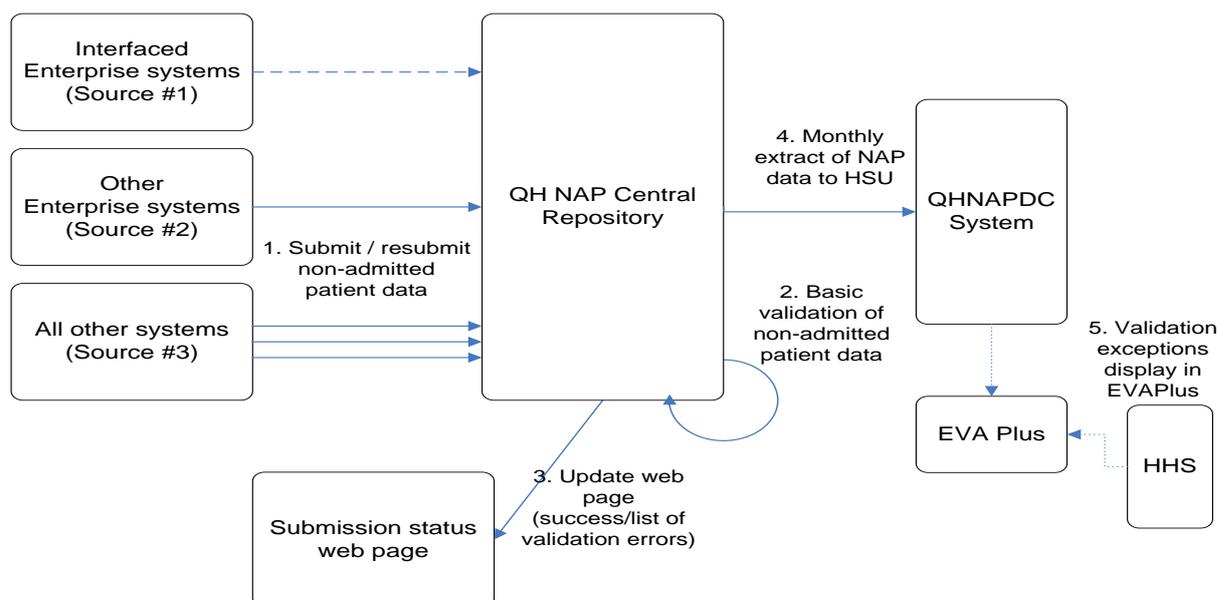
HHS Coordinators will prepare and submit this type of data. Typically there will be one (1) data file submitted per system per HHS. To increase flexibility for HHSs, one (1) data file may be submitted per system for each facility separately.

In this document, this is referred to as Source #3.

The full list of interfaced Enterprise systems (Source #1) and Other Enterprise systems (Source #2) will be detailed on the NAP website. The submission instructions for Source #2 and Source #3 are detailed in sections 2 and 3 of this document.

A high level process diagram of the NAP Data Collection submission process is shown below:

Figure 1 NAP Data Collection Process Diagram



1.7 Data submission schedule

To allow for changes in previous months of a financial year to be updated throughout the financial year, and in line with national reporting requirements, each submission will include data from the beginning of the financial year to the end of the reporting month.

For each reporting month there are two key data submission dates:

- **Submission Date:** data files **MUST** be uploaded and received by this date.
The Submission Date is set seven (7) days after the last day of each month to allow Coordinators to collect and validate their data, and to prepare the necessary data files.
- **Resubmission Date:** final version of data files **MUST** be uploaded and received by this date.
The Resubmission Date is set one (1) week after the Submission Date to allow Coordinators to correct any submission errors identified in the submitted data file.

Note: as the validation process is automated, once a data file has been uploaded, the HHS/Enterprise System Coordinator can view the submission status and any errors within 1 hour by visiting the submission status web page.

Coordinators can upload a data file multiple times before the Resubmission Date. Only the last uploaded file for the month will be used for reporting purposes. Any resubmitted data file **MUST** include the full data submission, but errors identified should be corrected.

Table 2 Submission schedule

Reporting month	Reporting period	Submission date	Resubmission date (if required)
July 15			
August 15			
September 15	1 July 15 – 30 September 15	7 October 15	14 October 15
October 15	1 July 15 – 31 October 15	7 November 15	14 November 15
November 15	1 July 15 – 30 November 15	7 December 15	14 December 15
December 15	1 July 15 – 31 December 15	7 January 16	14 January 16
January 16	1 July 15 – 31 January 16	7 February 16	14 February 16
February 16	1 July 15 – 29 February 16	7 March 16	14 March 16
March 16	1 July 15 – 31 March 16	7 April 16	14 April 16
April 16	1 July 15 – 30 April 16	7 May 16	14 May 16
May 16	1 July 15 – 31 May 16	7 June 16	14 June 16
June 16	1 July 15 – 30 June 16	7 July 16	14 July 16

Note: Data submissions to the QHNAPDC will be accepted from the 1st day following the end of a reporting period.

2. Data file specification

2.1 File specification overview

As stated in Section 1.6, there are three (3) sources of NAP data:

Table 3 Data sources

Source Type	Source Name	Who is responsible	Data files required
1	Enterprise systems currently interfaced to SATR	N/A	HIU will upload data to the Central Repository <i>(out of scope for this guide)</i>
2	Other Enterprise systems	Enterprise System Coordinators	One (1) data file for one enterprise system
3	All other systems used to record NAP activity	HHS Coordinators	One (1) data file per system per HHS Or One (1) data file per system per facility

The file specification depicted in this section will apply to Source #2 and Source #3. Standards apply to each data file in the following areas:

- naming of the data file
- file format
- detailed format of each row inside a data file

This is to ensure that all submitted data files can be verified automatically, such that timely feedback on the data submission status can be provided to Coordinators.

2.2 File name

The file name contains four identifying fields used to determine the details of the data file. The file name **MUST** be capitalised and in the format:

NAPxxxxxMMMYYYYSOURCE.csv

MMMYYYY	“JUL2015”, “AUG2015”, “SEP2015”, “OCT2015”, ‘NOV2015’, “DEC2015”, ‘JAN2016’, ‘FEB2016’, “MAR2016”, “APR2016”, “MAY2016” or “JUN2016”	MAR2015
SOURCE	The system from which the data supplied has been sourced, as referenced in the QH NAP DSS data element H(3).	ARIA

Example: the file name of the file submitted by the Cairns and Hinterland HHS (112) Coordinator for ARIA data for all facilities in the HHS for the July 2015 month:

NAPHH120JUL2015ARIA.csv

Example: the file name of the file submitted by the Mackay Base Hospital (00172) Coordinator for PI5 data for the facility for the December 2015 month:

NAP00172DEC2015PI5.csv

Example: the file name of the file submitted by the Bundaberg Hospital (00062) Coordinator for all manually recorded NAP activity for the facility for the September 2015 month:

NAP00062SEP2015MANUAL.csv

2.3 File format

The data file must be saved in “csv” format and adhere to the following file format rules.

Table 6 File format

File format rule	Example
The submission file must be in Comma Separated Values (csv) file format.	NAP00172DEC2015PI5.csv
All data elements must be separated by a comma character and no additional spaces.	facility identifier,patient identifier,second given name,family name,sex of patient,etc
All alphanumeric data elements must be enclosed by double quote characters.	00104,“T123456”,“John”,“Andrew”,“Smith”,1,etc
All double quote characters contained within an alphanumeric data element must be removed.	First given name (data element 3) recorded as Smi”th. This must be provided in the DSS as “Smith”.
If a conditional, desirable or optional data element does not have a value, the data element should be left blank in the submission file.	00172,“123456”,,“Smith”,1,etc

2.4 Detailed format of each row

2.4.1 Header row

The first row of a data file must be the header row. As per the QH NAP DSS, the header row includes 4 data elements that identify the date range, source system and number of records contained within the file.

2.4.2 Detailed rows

The detailed rows continue after the first row (header row). As per the QH NAP DSS, each detailed row includes 39 data elements that identify the patient, service, service event and service event funding details.

3. Data file submission

3.1 File submission overview

Once data file/s have been created by a HHS, facility or enterprise system, as per the QH NAP DSS Manual and section 2 of this document, the submitted file undergoes basic validation and is uploaded to the Central Repository. Once validated, feedback is returned to the HHS, facility or enterprise system via the submission status web page.

Further detailed validation will be undertaken by HSU and errors reported to the Enterprise System Coordinators or HHS Coordinators via EVA Plus.

3.2 Upload mechanism

Once a data file is created, it can be uploaded to the Central Repository using File Transfer Protocol (FTP).

The receiving server address and account details are:

Server details: 10.17.12.109

User: ftpsatr

If more than one data file with the same file name is uploaded, either due to a failed copy or resubmission after validation, only the last uploaded data file will be used.

Note: FTP has been selected as it is supported by existing procedures in place for the submission and processing of files into SATR.

3.3 Files to be submitted

For data files to be automatically validated, HHS/Enterprise System Coordinators must pre-register the name of the files that will be submitted to the Central Repository. This applies to both Source #2 and #3.

The recording of the different files to be supplied by each Coordinator will be discussed and agreed with HIU. Any uploaded files that are not pre-registered will be flagged as an exception on the submission status web page.

3.4 Basic data validation

Once the data file has been received by the Central Repository, the following validation is automatically performed on the submitted data file:

1. Valid file name (and file extension is “.csv”)
2. The file is in “csv” file format
3. The file name is valid for the month
4. The first row is the Header row
5. Data elements H(1) and H(2) are valid dates for the reporting period
6. The source system in data element H(3) matches the file name
7. The number of records in data element H(4) matches the number of records in the file
8. Essential data elements contain values
9. The supplied date fields are in DDMMYYYY format, and date time fields in DDMMYYYYhhmm format
10. No data element is longer than the allocated number of characters
11. Service date (data element 27) is within the extract period beginning date (data element H(1)) and the extract period ending date (data element H(2))

4. Frequently Asked Questions

- Q: What software / application can I use to upload the data files?
- A: If you submit your data from a QH SOE PC, then you can use the “CuteFTP Pro” application which is commonly installed on QH SOE computers.
- A: If you submit your data from a server, there is usually FTP software already installed.
- Q: What should I do if the upload of the data file is unsuccessful?
- A: The upload mechanism allows for the resubmission of a data file. If an upload is unsuccessful, resubmit the data file again. If the upload continues to fail, contact your nominated NAP Data Collection HHS Coordinator. If the issue continues and is in relation to the Central Repository, contact HAAT@health.qld.gov.au.
- Q: Can I submit a data file at any time to validate the activity data for the reporting month?
- A: The NAP activity data file can be submitted at any time between the end of the reporting period and the submission date listed in section 1.7. The automated validation process can be used during this period to check that the data will be uploaded successfully. As per section 1.7, activity data must be provided from the beginning of the financial year.
- Q: What should I do if I find errors after submitting the file?
- A: You can resubmit the file at any time with corrections up to the Resubmission Date. The new file will be validated and its status displayed on the submission status web page.
- Q: How will I be notified if there are any errors in an uploaded data file?
- A: The status of the data upload will be shown on the submission status web page. The exceptions which are produced from the validation process are displayed in EVAPlus.
- Q: Where can I find the submission status web page?
- A: There is a link on the NAP Data Collection project [website](#) that can direct you to the submission status web page.
- Q: What should I do if there is no activity for a system (or no data is collected)?
- A: If this is the first month reported for a source system in the HHS, submit a file containing the header row and no detailed rows. The header row would include the reporting system, date range and “0” number of records.
- A: If activity has been reported in a previous month for the source system in the HHS, submit a file containing the financial year to date submission file as per section 1.7.
- Q: What should be supplied if there is no information for an optional data element?

A: If no information is available for an optional data element as specified in the QH NAP DSS and Manual, then the field should be left blank.